



California Department of Veterans Affairs



THE GOVERNOR'S  
INTERAGENCY COUNCIL  
ON VETERANS ★ ★ ★

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**Meeting Minutes**  
**The Governor's Interagency Council on Veterans**  
**Health Care Working Group Meeting**  
**Thursday, May 24, 2012**

The Governor's Interagency Council on Veterans, Health Care Working Group held a meeting on Thursday, May 24, 2012, at the California Department of Veterans Affairs, Sacramento, California. The following Draft Minutes are not a written transcript, but a brief synopsis of the meeting. Member discussion and public comments have been paraphrased.

**1. Call to Order/ Roll call**

**DISCUSSION:** The Governor's Interagency Council on Veterans, Health Care Working Group held a meeting on Thursday, May 24, 2012, at the Veterans Home of California, Chula Vista, 700 East Naples Court Chula Vista, CA 91911. Eddie Ramirez, Chair, called the meeting to order at 12:05 PM. Chair Ramirez, called the Health Care Working Group meeting to order, welcomed attendees and introduce Secretary Peter J. Gravett. Roll call followed Secretary Gravett's opening remarks.

**ACTION:** Mr. Smith conducted roll call of the Health Care Working Group members present.

**ATTENDANCE:**

Eduardo Ramirez  
Peter Gravett  
Sophia Kan  
Richard King  
Patrick Link  
Karen Mantegani  
David Patton  
Lorraine Plass  
Stephanie Resino

Jo Sornorborger  
Wanda Torres  
Elizabeth Wied  
Dwight Williams  
Eric Worthen  
Bill York

**PERSON(S) ACCOUNTABLE: NA**

**2. Overview of Informational Packet**

**DISCUSSION:** Mr. Ramirez gave an overview of the informational packet that included a reformatted version of just the Health Care portion of the CRB conference summary, previous minutes, and the 2012 ICV Calendar.

**ACTION: NA**

**PERSON(S) ACCOUNTABLE: NA**

**3. Discuss Priorities of Health Care Working Group**

**DISCUSSION:** Mr. Ramirez led discussions about the major priorities that emanated from the CRB summary of February 22-23 conference. The first discussion was about how to rank the Health Care Working groups priorities'. Mr. Ramirez read the list of priorities' that were established during the February conference. Then we ranked the list as follows:

**1. Data Sharing/Collection**

Increasing both the amount of data captured and the amount of data shared between agencies was the third large area of discussion for the Health Working group. Many participants expressed the need to increase data sharing between agencies. The need to coordinate data and make data accessible to both veterans and service providers was a key need and repeated as a solution for many of the current needs. For the Health Working group, this was specifically mentioned in relation to developing electronic ways of sharing medical records, both with veterans and between health agencies (e.g., public and private health systems). Data was also discussed in the terms of identifying veterans. The Health Working group focused on the need to identify who was a veteran and where the veteran was located. There was particular emphasis on identifying veterans who do not use the Veterans Affairs Department.

**2. One-Stop Virtual/Physical**

The need for a sort of hub or “one-stop shop” in health care dominated the discussion rounds in the needs section. Participants discussed the need to approach the treatment of veterans in a holistic manner and centralize services as a way of increasing efficiency and decreasing the costs of service delivery. One-stop shops were also seen as a way of reducing duplication of services. Various participants suggested that one-stop shops have mental health, dental and physical health services located along side with housing, education, and employment services. Participants identified Cabrillo House as a model for One-stop shops.

### **3. Service Provider Knowledge**

Participants identified the lack of information about programs and eligibility requirements as a problem. Several participants noted that service providers from one agency were often unfamiliar with the services other agencies provided to veterans. One participant noted the need for the VA or CalVet to educate agencies about the services offered to veterans and about the veteran’s resource book. Additional discussions about the needs of veterans’ widows, the need to educate veterans’ families about healthcare issues, the need to increase transportation to health care services, the need for age specific services and the need to increase services to both rural and tribal areas occurred.

### **4. Peer-to-Peer and Mentorship Programs and Changes in TAP**

Peer-to-peer mentorship programs are needed to help service member’s transition from military life to civilian life. Additionally, participants discussed the need to change transition programs such as the Transition Assistance Program (TAP) to better serve Service members. One specific suggestion was to design and implement an assessment tool to identify veterans at risk for mental health problems prior to leaving the service and target them for resources after separation from service. Assessments were also mentioned in relationship to identifying veterans at risk for suicide, domestic violence, and involvement with the criminal justice system. Participants saw the opportunity to use a good assessment tool as a way to identify and divert veterans from these negative outcomes.

### **5. Clinical Interventions**

A variety of clinical interventions were mentioned as needs. The lack of good dental care and sufficient dental coverage for veterans was both a need and ranked high as a priority to address. Participants noted a lack of “wet” or substance abuse beds for veterans. A corollary to substance abuse beds was the overreliance veterans placed on painkillers. The need for better mental health assessments and the lack of a clear understanding of PTSD was a concern. Health care services specifically for women were seen as lacking. The need for peer support groups was also identified. The creation of drop-in centers was offered as a solution during the needs discussion for peer support.

**ACTION: NA**

**PERSON(S) ACCOUNTABLE: NA**

**4. Discuss Action Plan of Health Care Working Group**

**DISCUSSION:** Mr. Ramirez led discussions on creating action plans for the ICV's Health Care Working Group's five top priorities.

**1. Data Sharing /Collection**

- Form an IT Working Group
- Write legislation for 211 Veterans Hub
- Incentivize participation
- Identify where we are going to store information
- Reach out to UC's for Grad student help

**2. One-Stop Virtual/Physical**

- Define One-Stop shop model
- Mr. Ramirez and Jason Smith meet 27 June in San Francisco to review Mr. Ramirez's One-Stop model
- Incentivize participation

**3. Service Provider Knowledge**

- Identify who is the best trainer in the State
- Identify what the service delivery method will be
- Identify culturally competent recourses and trainers
- Incentivize participation

**4. Peer-to-Peer and Mentorship Programs and Changes in TAP**

- Develop Re-TAP
- Identify existing to Re-TAP
- Increasing Peer to Peer mentorship programs
- Incentivize participation
- Reach out to "Give an Hour"
- Develop a crosswalk for military soft skills

**5. Clinical Interventions**

- Identify what clinical interventions need to be done

**5. Follow-up on Previous Tasks/Questions**

**DISCUSSION:** Mr. Ramirez requested members to bring up any comments or questions from previous meetings on items not on this agenda. No comments were made.

**ACTION: NA**

**PERSON(S) ACCOUNTABLE: NA**

**6. Public Comments**

**DISCUSSION:** Mr. Ramirez asked for public comments and no comments were made.

**ACTION: NA**

**PERSON(S) ACCOUNTABLE: NA**

**7. Future Meetings and Dates to Remember**

**DISCUSSION:** Mr. Ramirez brought everyone's attention to the June 18-29 time blocked off for the Health Care Working Groups next meeting. Then June 25 from 12 pm to 4 pm was agreed upon for the Health Care Working Group's next meeting.

**ACTION: NA**

**PERSON(S) ACCOUNTABLE: NA**

**8. Adjournment**

**DISCUSSION:** The Health Care Working Group members consent to adjourn the May 24, 2012, meeting at 4:05 pm.

**ACTION:** Mr. Ramirez moved to adjourn and Mr. Worthen seconded.

**STATUS:** Members approved the motion. Motion carried and the meeting was adjourned at 4:05 pm.